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United Nations Fund for International Partnerships

Report of the Secretary-General

Addendum

Summary

In line with the report of the Secretary-General on the United Nations Fund for International Partnerships (UNFIP), the following addendum is submitted to inform Member States on progress in respect of the Programme Framework Group on population and women, which was launched at the beginning of 1999. The addendum contains the full text of the UNFIP/UNF programme framework on population and women which has been developed by the Programme Framework Group, composed of United Nations agencies, to guide the use of the United Nations Foundation contribution, which, for population and women, is expected to be approximately $30 million annually.

The programme framework on Population and Women focuses on two major areas. For the first area, namely adolescent girls, the objective is to generate proposals that are cross-sectoral in nature and address factors, such as the low status of adolescent girls in society, that underlie many of the problems girls face. For the second, namely quality of sexual and reproductive health care, the objective is to generate proposals that promote the development of innovative approaches and particular emphasis is placed on promoting the development and use of a core set of information to be offered at every point possible, a measure that is particularly important in the light of the HIV/AIDS epidemic. This programme framework was formulated by representatives of UNAIDS, UNDESA, UNFPA, UNICEF, UNIFEM, WHO, the World Bank, Population Council and International Center for Research on Women. Representatives of the United Nations Foundation and the United Nations Fund for International Partnerships participated in this group as ex official members.

The document supplements the information contained in the previous report of the Secretary-General (A/53/700 and A/53/700/Add.1).

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Contents

		Page
	Executive summary	3
	Programme framework process	3
	United Nations Global Agenda on Population and Women	3
	Adolescent girls	6
	Considerations by the United Nations Foundation	6
	Challenge statement	6
	Strategy recommendations	7
	Funding recommendations	9
	Improving the quality of sexual and reproductive health care	9
	Considerations by the United Nations Foundation	9
	Challenge statement	10
	Strategy recommendations	10
	Funding recommendations	11
Annex		
	Programme framework group participants	13

I. Executive summary

1. The United Nations Foundation Inc., will make grants to the United Nations of approximately US$ 30 million per year in support of projects in the area of population and women. Specifically, this funding is to be used to support United Nations agencies to have the maximum feasible impact on improving the lives of adolescent girls and the quality of sexual and reproductive health care.

2. The programme framework is based on the commitment of the United Nations to supporting the efforts of Member States to meet the needs and fulfil the internationally recognized human rights of women and girls. It also recognizes that, in view of the important, but in comparison with global needs, limited funding that can be made available by the Foundation, there needs to be a sharply focused set of objectives that guide the use of the contribution.

3. In the area of adolescent girls — those between the ages of 11 and 20 — a major problem is that there exists virtually no setting where a broadly conceived strategy is in place to provide them with more opportunities and improve their lives. At the same time, experience strongly suggests that the most effective approaches are cross-sectoral in nature and address direct causes as well as indirect, societal factors in order to promote human rights and meet needs. Therefore, the programme framework should generate proposals that are cross-sectoral in nature and address factors, such as the low status of adolescent girls in society, that underlie many of the problems girls face, including the inability to attend school or the lack of attention to their health and nutrition. Focus is achieved by supporting cross-sectoral approaches, more reflective of girls' lives, rather than by providing support to finite areas of intervention, such as control of anaemia or vocational skills training.

4. Improving the quality of sexual and reproductive health care entails both increasing access to the range of services available and, where they exist, ensuring that they are provided effectively. The programme framework should therefore generate proposals that promote the development of innovative approaches for improving the quality of sexual and reproductive health services. The approaches should place particular emphasis on developing new evaluation criteria and methods, in conjunction with government and non-governmental providers, non-governmental organizations, especially women's, youth and community groups, to move from measuring inputs to measuring outcomes.

5. Where sexual and reproductive health services are available, increasing their effectiveness requires the delivery of critical information along with the services. Thus, the programme framework specifically aims at promoting the development and use of a core set of information items to be offered at every point possible, a measure which is particularly important in the light of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic.

6. Aside from providing guidance on the types of strategic actions that would receive support under the population and women theme, the programme framework achieves further focus by recommending the allocation of the majority of resources to initiatives that promote innovative efforts in the countries of greatest need, as defined by a clear set of criteria. The rest of the funding would also be for innovative approaches, particularly those promoting dissemination of valuable lessons, coming from any developing country or country in transition, or of a regional or global nature.

7. The approximately $30 million per year that the Foundation expects to provide to support United Nations efforts in the population and women area is highly limited in relation to total United Nations resources devoted to this area and to the even larger challenges and resource needs identified at the International Conference on Population and Development and the Fourth World Conference on Women. In order to maximize the impact of the Foundation's assistance, the Foundation's Board has stipulated that its support should focus sharply and strategically on a prioritized set of objectives and programmes.

8. The recommended annual allocation is outlined in table 1.[1] As the programme framework is intended to cover a three- to five-year time period, the overall allocation is expected to be $90 to $150 million for the period.

Table 1
United Nations Foundation recommended annual allocation of funds

(Millions of United States dollars)

	Types of proposals		
Areas of programmatic emphasis	*For countries of focus*	*For innovative approaches generally*	*Total*
Adolescent girls	$14	$6	$20
Quality of sexual and reproductive health care	$6.5	$3.5	$10
			$30

9. While Foundation funding cannot be expected to resolve the challenges of addressing population issues, promoting development and empowering women on a global scale, if used strategically it can help to make major progress in identifying and testing policies and programmatic approaches that address these important priorities. Moreover, by providing support to demonstrate effective policies and programmatic approaches and sharing successful experiences with others, activities supported with Foundation funding could help to create the conditions that will accelerate progress towards global implementation of the outcomes of the International Conference on Population and Development and the Fourth World Conference on Women. Resources for large-scale expansions would need to come primarily from countries themselves, perhaps with support from major lending and grant-making institutions, as well as from the private sector, rather than from the Foundation.

10. In accordance with the Secretary-General's reform effort, the Foundation seeks to support initiatives that reflect efforts by agencies to provide assistance, in line with their comparative advantage, in a concerted fashion. Where it exists, initiatives are expected to build on the multi-agency, country-level United Nations Development Assistance Framework (UNDAF) process. The area of population and women will also build upon the work of relevant inter-agency thematic groups (for example, gender, HIV/AIDS and adolescents) at the country level, and other mechanisms that support strengthened coordination among United Nations organizations.

II. Programme framework process

11. The programme framework approach was developed to generate programmatically related sets of project proposals in the areas of interest to the United Nations Foundation which — by themselves, or in conjunction with other projects — will have a meaningful and demonstrable impact. The approach brings together, in so-called programme framework groups, the United Nations organizations whose mandates most closely relate to the areas of the Foundation's programme priority. The central role of the programme framework groups is to identify opportunities to be pursued by the United Nations system within the given priorities of the Foundation and propose the most effective use of the Foundation's support.

12. The recommendations of the programme framework group for the population and women area are contained in the programme framework that has been endorsed by the UNFIP Advisory Board and approved by the Board of the United Nations Foundation. Together with the other sections of the document, these recommendations will serve to guide the development of project proposals by the United Nations system for funding by the Foundation. This document is accompanied by "UNF/UNFIP Project Guidelines and Criteria" that describes the generic project selection criteria of UNFIP and the Foundation and provides specific guidance for the preparation of proposals in the population and women area.

III. United Nations Global Agenda on Population and Women

13. The United Nations global agenda for supporting Governments and civil society in the population and women area is based on the role of the United Nations, as defined in its Charter,[2] of promoting the human rights of women and adolescent girls. Since then, a number of international treaties and conferences have helped to further identify goals and measures to undertake to respect human rights and promote development.

14. In 1948, the Universal Declaration of Human Rights first recognized the fundamental rights towards which every human being aspires, including the right to life, liberty and security of person; the right to an

adequate standard of living; the right to own property; the right to freedom of opinion and expression; the right to health and education; and to freedom of thought, conscience and religion, among others. These are inherent rights to be enjoyed by all human beings of the global village — men, women and children. The Declaration has inspired more than 60 human rights instruments including two major International Covenants — on Economic, Social and Cultural Rights and on Civil and Political Rights — which translate the principles of the Declaration into binding international agreements.

15. Two key international treaties, widely ratified by Member States, specifically address the human rights of women and girls. The 1979 Convention on the Elimination of All Forms of Discrimination against Women, often described as an international bill of rights for women, prohibits any distinction, exclusion or restriction made on the basis of sex that impairs or nullifies the human rights and fundamental freedoms of women in all areas. More than 160 countries have ratified this Convention. The 1989 Convention on the Rights of the Child, ratified by all but two countries, sets minimum legal and moral standards for the protection of the full range of human rights, covering the child's physical, mental, spiritual, moral and social development. Because the Convention defines a child as every human being under 18, unless national laws recognize the age of majority earlier, it covers the rights of girls during most of their second decade of life.

16. In addition to the international treaties, since 1990, the international community has convened a number of major conferences that have committed Governments to addressing urgently some of the most pressing problems facing the world today. The area of population and women is guided by the International Conference on Population and Development, held in Cairo in 1994, and the Fourth World Conference on Women, held in Beijing in 1995. Also relevant are the World Summit for Children, held in New York in 1990, the World Conference on Human Rights, held in 1993 in Vienna, the World Summit for Social Development, held in Copenhagen in 1995 and the second United Nations Conference on Human Settlements (Habitat II), held in Istanbul in 1996.

17. At the International Conference on Population and Development, an international consensus was forged on a rights-based and empowerment approach to programming in support of women and girls. The Programme of Action endorses a new strategy that emphasizes the integral linkages between population and development and focuses on meeting the needs of individual women and men, rather than on achieving demographic targets. The nations of the world agreed to a sweeping framework for action to make voluntary family planning services universally available; provide those services in a broader context of sexual and reproductive health, including safe motherhood and child survival; affirm reproductive rights and other human rights; enhance the education of girls; improve economic, political and social opportunities for women; ensure the full involvement of women in policy and decision-making processes at all levels; ensure that adolescents[3] have access to appropriate education and services; encourage and enable men to take responsibility for their sexual and reproductive behaviour as well as to care for their families and children; and integrate population concerns into environmental protection. The Programme of Action of the International Conference on Population and Development includes significant coverage of issues related to the special needs of adolescents and the overall quality of sexual and reproductive health care.

18. The Fourth World Conference on Women served to mobilize women and men at the grass-roots and policy-making levels to work together to advance the status of women and to review and appraise the current status of women in the political, economic and social spheres. Once again, the world community made clear that measures to protect and promote the human rights of women and girls as an integral part of universal human rights must underlie all action, and that more must be done to enable the full participation of women in social, economic and political settings. Important elements of the International Conference on Population and Development were reaffirmed and furthered at the Fourth World Conference on Women. The Platform for Action sets time-specific targets, committing nations to taking concrete action in such areas as health, education, decision-making and legal reforms, with the ultimate goal of eliminating all forms of discrimination against women and girls in both public and private life. In addition, at the Fourth World Conference on Women, the world signalled the need for a clear commitment to international norms and standards of equality between men and women and girls and stressed that implementation required changes in values, attitudes, practices and priorities at all levels.

IV. Adolescent girls

A. Considerations by the United Nations Foundation

19. The rationale for a focus on adolescent girls (those between the ages of 11 and 20) within a framework for population and women is strong. The human rights of adolescent girls are not widely acknowledged or protected, especially with respect to reproductive choice. Adolescent girls' ability to make free and informed choices about their sexuality and marriage is undermined by their social position in their families and with respect to their partners. For a variety of social, partnership and service factors, adolescent girls, married and unmarried alike, have a limited ability to protect themselves against unwanted, unsafe sexual encounters, unwanted and early pregnancy and sexually transmitted diseases, including HIV/AIDS. Their social mobility is restricted, as are their financial resources. Typically, health services, if available to serve their sexual and reproductive health needs, are geared to adult married women; it is not uncommon for service providers to turn away adolescents, regardless of marital status.

20. Socially, girls continue to be disadvantaged in their ability to gain access to quality basic education, which, in turn, limits their opportunities within their communities. Very little provision has been made to develop girls' income-generating skills or to prepare them for professional opportunities. Most microfinance and credit institutions, even the most successful, have no programmes or policies to include economically active unmarried girls. Similarly, girls are more at risk when family living arrangements and household forms are disrupted. They carry a disproportionate domestic work burden, and they are denied active participation in community affairs and leadership opportunities. These many deficits, which ultimately stem from their low status in society, reinforce each other, compromising adolescent girls' ability to fulfil their potential and freely set the terms for sexual relations and childbearing.

21. A further argument for preferentially addressing their needs is demographic: the planet is populated by the largest generation of youth in human history. The next generation will be even larger. There are now roughly 1 billion adolescents in the world, 900 million of whom live in the developing world. Adolescent girls have more than 14 million births each year worldwide. Even if average fertility were to fall rapidly to the replacement rate, the sheer number of females giving birth over the next several decades will be so large that the population will continue to grow rapidly for many years to come. This phenomenon — population momentum — will account for about half of the anticipated population growth in the developing world through the year 2100.

22. Helping to fulfil the human rights of adolescent girls is an area of emphasis both because of the improvements it can make in the lives of individual girls, and because of its important consequences for human and economic development. Extensive research has shown that improvements in the lives of adolescent girls typically raise the average age at which females begin childbearing. This translates into improvements in their own health as well as the health of their children, reductions in fertility and high returns to overall economic productivity.

23. Despite the compelling need, there exists virtually no setting where a broadly conceived strategy is in place to make investments in adolescent girls and offer them social and economic alternatives and identities apart from becoming wives and mothers. United Nations Foundation support should foster the development of broadly cast, evidenced-based, gender-differentiated adolescent policies and programmes at the country level.

B. Challenge statement

24. It is increasingly recognized that attention and resources for meeting the human rights and needs of adolescents, including those who are married, is inadequate. Indeed, this is often manifested in the "invisibility" of adolescent girls in the policy and political agenda of Governments. In addition, there is significant and systematic inequality worldwide between men and women and, by extension, between adolescent girls and boys. Obstacles to achieving equality include restrictive legal and policy norms, harmful traditional, religious and cultural beliefs, and social and economic discrimination. The overall participation of young people in civil society is also lamentably low, most particularly for girls whose world contracts at puberty in contrast to boys who are allowed increasing mobility as they age.

25. Changing girls' and women's social position and communally held attitudes is a long and complex process. Such change cannot be accomplished through one sector or type of intervention. The differentials in girls' and boys' schooling offer an example. Often girls are not valued enough to warrant investment by the family to provide required school fees. The opportunity cost of sending girls to school may be deemed too high, particularly in the poorest families because of their extensive domestic duties, including childcare. Pregnant girls may be pulled out of school or parents' fear of compromising the social identity and sexual safety of girls may prevent the girls from attending school. Therefore, the task of promoting girls' education requires more than building schools and training teachers. The family- and community-based social and other economic determinants affecting girls' participation and performance in school must also be addressed.

26. At times, the lack of attention to addressing the human rights and needs of adolescent girls and their subsequent "invisibility" stem also from inadequate awareness, knowledge or understanding both on the situation of adolescent girls and on approaches that succeed in addressing their needs and fulfilling their rights.

27. The limited experience that exists to date strongly suggests that for approaches to be successful, they need to go beyond one sector or type of intervention. Cross-sectoral, rather than single sector approaches, appear to be most effective in improving the lives of adolescent girls because they address specific problems (for example reproductive health and basic education) while addressing a multitude of social and economic determinants in the lives of adolescent girls. Such approaches require a high degree of collaboration and partnership between and within government and civil society. Within the United Nations, they must be founded on a collaborative approach among United Nations organizations, where overall goals are agreed upon with government and specific actions are undertaken by individual agencies, in line with their comparative advantage.

C. Strategy recommendations

28. On the basis of the foregoing, recommendations have been formulated and appear below.

Framework goal

29. The framework goal is to increase knowledge, understanding and practical experience in the development and implementation of programmes aimed at fulfilling human rights aspirations and meeting the needs of girls through a cross-sectoral approach that addresses direct causes and indirect societal factors.

Strategy A

30. Strategy A would support initiatives that include the instigation and/or expansion of innovative efforts at the country-level, using new or existing "entry points", to provide support to adolescent girls throughout the various sectors. These may include:

(a) Experimentation with new, participatory approaches (this would require a clear explanation as to how and why an approach is expected to make a difference, such as past relevant successes in the same or other settings);

(b) Expansion and or replication of approaches that have worked (helping to create the conditions for going to scale);

(c) Implementation research to determine the effectiveness of policies aimed at addressing the needs of adolescent girls.

Potential outcomes

31. The potential outcomes are the following:

(a) Increased resources and an explicitly defined country-level policy specifically targeting the human rights of adolescents and the differential needs of adolescent girls;

(b) Public commitment to achieving measurable changes in the well-being of adolescent girls;

(c) Changes in the social norms and legal framework that affect the opportunities for adolescent girls;

(d) Increased number of schooling, skill-building, social participation and leadership opportunities for adolescent girls;

(e) A strengthened information base on the differential experience and needs of younger and older, male and female, married and unmarried adolescents;

(f) Strengthened coordination among United Nations organizations, resulting in a concerted plan of support.

(g) Strategies are developed with the direct participation of adolescent girls and boys with the policy makers and programmers, thereby increasing adolescents' visibility.

32. A number of examples of strategic actions that begin from different "entry points" are listed in table 2. It is essential to recognize that these are illustrations of types of strategic actions that are cross-sectoral in nature. They are not a "menu" of actions to choose from in project development.

Table 2
Examples of strategic actions

Entry point	*Example of cross-sectoral strategic action*
Knowledge and understanding	(a) Make strategic use of existing knowledge/information to raise awareness and stimulate action at all levels. (b) Support action-research on policy initiatives and programmatic interventions aimed at improving the situation of adolescent girls to determine their effectiveness and use results for replication/policy changes/dissemination.
Education and learning	(a) Support communities' and parents' investment in girls' enrolment, retention and achievement (including educational opportunities for adolescent mothers) thereby developing options other than early marriage. (b) Life skills education that is oriented towards problem analysis and solving, behavioural change and values orientation rather than being limited to health content.
Health and nutrition	(a) Programmes to address the sexual and reproductive health information and service needs of girls, including attention to harmful practices, particularly female genital mutilation. (b) Increase girls' opportunities to participate in sports and other activities that promote their social skills, self-esteem, intellectual and emotional strength, creativity and physical capacities and may also create entry points for providing reproductive health services and information.
Economic empowerment and livelihood	Build the economic literacy of adolescent girls, at the microeconomic level (such as managing earnings, asset accumulation, business development, inheritance rights) as well as at the macro level (such as gender implications of economic policies, national investments in programmes related to their needs).
Protection	(a) Actions in the social, policy, legal, media and research arenas designed to increase protection of adolescents and to reverse ingrained cultural and social norms that are harmful to their health and well-being. (b) Increase the number of opportunities for adolescent girls to find and create safe spaces that protect them from all forms of gender-based violence and help them to achieve gender equality.
Participation	Increase the number of opportunities to contribute to valued community activities, leading to increased self-esteem and more leadership skills, often found in youth organizations.

33. The United Nations Foundation value added would be to advance a new generation of adolescent policies and programmes with meaningful inter-agency collaboration.

Strategy B

34. Strategy B would support country-level efforts to generate information about adolescent girls, document and disseminate the experience of programmes and "tell the story".

Potential outcomes

35. The potential outcomes are the following:

(a) Increasing the ability of the United Nations to support policy reforms and the ability of individual countries to go to scale with proven approaches;

(b) Stimulating additional funding for these types of activities.

36. The United Nations Foundation value added would be to enhance capacity of the United Nations to communicate who its clients are (adolescent girls) and its work in this area to help generate additional financial support and replicate successes.

D. Funding recommendations

37. With respect to the allocation of funding, proposals relating to adolescent girls should receive 60 to 70 per cent of the funding made available for population and women to pursue the framework goals as detailed above in Strategies A and B. This translates to a total of approximately US$ 20 million annually, for a three- to five-year period, subdivided as follows:

(a) Around 70 per cent, or approximately US$ 14 million, for cross-sectoral proposals from countries in greatest need, as reflected by the criteria below:

(i) Low school net enrolment of girls;

(ii) Low age of first marriage;

(iii) High fertility rates among 15- to 19-year-olds (as a proxy for the poor quality data on low birth weight);

(iv) High HIV transmission to adolescent girls (recognizing lack of data in many countries).

(b) Around 30 per cent or approximately US$ 6 million, for proposals that do not fulfil the criteria reflecting greatest need, aimed at building on existing innovative and/or promising initiatives and reflect the greatest potential for progress. These may be country-based, regional or global proposals.

V. Improving the quality of sexual and reproductive health care

A. Considerations by the United Nations Foundation

38. Improving the quality of sexual and reproductive health care provides two main benefits: it promotes individual well-being; and maximizes the services available and the efficiency with which they are provided. Providing good quality care is one of the most effective ways of ensuring that sexual and reproductive health services are used, which, in turn, is crucial for achieving reductions in maternal and neonatal mortality and morbidity as well as in the spread of sexually transmitted diseases such as HIV/AIDS. Furthermore, the ability to make responsible and informed choices about sexual and reproductive health is both a condition and a vehicle for improving the status of women, which is also a condition and a vehicle for slowing population growth and promoting human development.

39. The International Conference on Population and Development was an important watershed. It reaffirmed the importance of decades of efforts to slow population growth for social and economic development, while defining a shift in strategies to achieve this goal. Emphasis shifted to meeting the needs of individuals, rather than being driven by demographic targets.

40. The family planning community has gained an understanding of the close relationship between enhanced quality of service and effectiveness. High quality services make serving the client the primary goal and their success is measured in terms of outcomes for clients rather than the level of inputs (such as financing and the number of persons trained). For example, some recent evaluation frameworks measure contraceptives dispensed, rather than the degree to which clients have adequate information and understanding to achieve their reproductive intentions in a healthful manner. Only when service providers spend the time to answer questions and work to ensure that an individual client's needs are met will the client be able to choose and use methods effectively. The client needs to know what the method's side effects are and what to expect from its use, so if she experiences any problems, she understands what they are and addresses them. If she does not understand, she is likely to simply discontinue use.

41. Improving the range of sexual and reproductive health services available is a critical aspect of improving the quality of care, but doing so is likely to require more resources than are available from the Foundation. For example, all women should have access to essential obstetric care, though the investments required in health centres and hospitals are more expansive than what is available through the Foundation.

42. Although the Foundation could support certain interventions to increase access to a wider range of services, the Foundation's Board recommended that the programme framework group consult further to identify a strategic niche for Foundation funding related to the expansion of services.

B. Challenge statement

43. The recent field inquiry by the United Nations Population Fund on the progress in the implementation of the Programme of Action of the International Conference on Population and Development describes the constraints developing countries are facing in improving the quality of sexual and reproductive health care. This is also a major issue for donor countries, which for the most part have fallen behind in meeting the commitments they made at the Conference. Additional constraints include opposition to aspects of reproductive health (such as the use of condoms to prevent the spread of disease, addressing the issue of unsafe abortions to reduce maternal mortality or ending harmful practices against women, such as female genital mutilation) and lack of awareness and understanding among decision makers and health-care workers of the scope and multisectoral nature of reproductive health.

44. Recent assessments have shown that, although the International Conference on Population and Development and the Fourth World Conference on Women fostered policy rhetoric about access to and quality of care, this is often not matched by actual changes in polices or operating standards of care. Even when the inputs are available for improving the quality of care, what clients receive is often short of the mark.

45. There is broad consensus that community level services must go beyond the delivery of contraceptives to include a broader range of sexual and reproductive health information and clinical care, including prevention and management of HIV and other sexually transmitted diseases. Not only does the scope of services need to expand, but so does the emphasis given to information for clients. For example, whereas multiple contraceptive methods might be available on site, clients are often informed of only one or two because of provider preferences or lack of training. Clients also need to know the impact of sexual partnerships on their infection risks, the relative protection offered by specific contraceptives with respect to infection and spread of disease, and the symptoms of common sexually transmitted diseases.

46. Especially in the light of the HIV/AIDS epidemic, a collective effort could be promoted to agree upon core sexual and reproductive health information that must be offered at every point possible. Ensuring the exchange of this core information may require the effective provision of voluntary and confidential counselling and testing in locations that are accessible to women and girls. It may also require new partners and strategies for the sharing of information as well as a greater role of women and girls in defining how the information can most effectively be provided to them and their partners.

47. Furthermore, in order to move the quality-of-care agenda forward, more inclusive programme planning processes and new evaluation criteria and methods must be developed, in cooperation with communities, that emphasize outcomes for clients rather than only inputs to programmes. The planning processes should build on existing assessments that have been undertaken for more than 30 countries and offer systematic baseline data regarding the prevailing quality of care (such as information given and technical competence). Relevant sectors, including non-governmental organizations, especially women's, youth and community organizations and professional associations, should be involved in ongoing participatory processes for the design, implementation, quality assurance, monitoring and evaluation of policies and programmes.

48. With respect to evaluation criteria, the focus must be on the clients' experience; the competence of the care they receive, their information levels, their satisfaction and their health status should be used as indicators of success.

49. In the broader context of strengthening basic health systems and undertaking health sector reform, a movement of sorts needs to be developed to increase the capacity of Governments to improve sexual and reproductive health and their commitment to doing so, and to ensure that all aspects, policies and implementations respect human rights. Without this commitment, sexual and reproductive rights cannot be upheld and health cannot be achieved. Increased public discussion of the deficits of current sexual and reproductive health services and clients' rights to choice and high quality care will help to build momentum for improved sexual and reproductive health from Governments and service providers.

C. Strategy recommendations

50. On the basis of the foregoing, recommendations have been formulated and appear below.

Framework goal

51. The framework goal is to increase the knowledge base and practical experience in the development and implementation of programmes to improve responsiveness to clients and the overall effectiveness of sexual and reproductive health care in existing services.

Strategy A

52. Strategy A would support innovative, systematic and transparent approaches that improve the quality of sexual and reproductive health care at the country level as manifested by the satisfaction of clients. These may include, among others:

(a) Developing the capacity of countries to adopt and apply standards of care for sexual and reproductive health information and services by, for example, adopting and broadly communicating universal standards of women-friendly reproductive health services; redefining monitoring and evaluation systems to reflect outcomes for clients' knowledge, behaviour, satisfaction and health;

(b) Using baseline assessments of the quality of key areas of care to identify and plan for systematic improvements with client-based performance targets (such as increasing the number of births attended by trained personnel, increasing the number of women with dual protection to avoid pregnancy and sexually transmitted diseases and to deal with the consequences of contraceptive failure or sexual coercion);

(c) Empowering staff, community and users to improve access to and quality of sexual and reproductive health information and services through participation in problem-solving at district and facility level.

Potential outcomes

53. The potential outcomes are the following:

(a) Women-friendly health services that provide good technical quality health care with low barriers to access and respect clients' rights;

(b) Active engagement of the provider and client community in developing and implementing improved health care approaches;

(c) Documented examples of integrated approaches to sexual and reproductive health that can be replicated;

(d) Based on an inclusive needs assessment process, service systems selectively incorporate additional sexual and reproductive health information technologies and services.

54. The United Nations Foundation value added would be to draw attention to the need for responsiveness to clients in efforts to improve sexual and reproductive health care services.

Strategy B

55. Strategy B would support clinic/regional/country level partnerships and activities to develop and implement a minimum level of information that should be exchanged between a competent provider and a client. This "gold standard" of information applies to the information each person should receive, both at the community level and from health care providers.

Potential outcomes

56. The potential outcomes are the following:

(a) Increased individuals' knowledge about how to protect themselves, negotiate with partners and access services to achieve sexual and reproductive health;

(b) Core sexual and reproductive health information is validated as a basic component of public health policy;

(c) Increased focus on clients' needs (measuring outcomes rather than outputs).

57. The United Nations Foundation value added would be to advance the neglected informational component of sexual and reproductive health by supporting the promotion of information as a service.

Funding recommendations

58. With respect to the allocation of funding, proposals relating to quality of sexual and reproductive health care should receive 30 to 40 per cent of the funding made available for population and women. This is with the understanding that additional efforts will be undertaken to identify strategies beyond Strategy A above for which there is a strategic niche

for Foundation support. This translates into a total of approximately US$ 10 million annually, for a three- to five-year period, subdivided as follows:

(a) Around 65 per cent, or approximately US$ 6.5 million for proposals from countries in greatest need, as reflected in the criteria below:

(i) Low proportion of births attended by skilled personnel (proxy for high maternal mortality rate for which reliable data is not available);

(ii) High HIV transmission to adolescent girls (data not available for all countries);

(iii) High gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families;

(iv) Countries where there has been a recent situation analysis or other assessment on the quality of care clients receive.

(b) Around 30 per cent or approximately US$ 3.5 million, for proposals that do not fulfil the criteria reflecting greatest need, aimed at building on existing innovative and/or promising initiatives and reflect the greatest potential for progress or change. Proposals may be country-based, regional or global.

Notes

[1] In accordance with present practice, the total value of project proposals submitted by the United Nations to the UNF Board for funding may exceed the stated amounts by as much as 30 per cent.

[2] For example, Article 55 of the Charter of the United Nations states that "The United Nations shall promote ... universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language or religion".

[3] For the purposes of the present document, adolescents are individuals in their second decade of their life — between 11 and 20.

Annex

Programme Framework Group participants

Principal agency representatives

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Additional participants

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United Nations Department of Economic and Social Affairs	Brigitta Bucht
United Nations Children's Fund	Sree Gururaja

Ex officio[a]

United Nations Foundation	Ellen Marshall
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